



Family name_____

Address_____

Telephone_____

Can you answer all these questions "yes"?

- Do you know the important health and medical events for each of your family members?
- Do you have a complete listing of all the shots and x-rays your children have received, and when they received them?
- Do you **accurately** remember your own childhood illnesses and injuries?
- Do you know about special health problems of your parents?

If you said "no" to one or more of the questions, this booklet will be of help to you.

To remember the details about your family's health, a system of record keeping is helpful, if not necessary. This *Family Health and Medical Record* booklet provides a way for you to keep track of health information about your family.

If families used only one doctor and one dentist, they would each keep a health record for your family. However, many families use more than one doctor. Often the children have a pediatrician and the mother, a gynecologist. Perhaps there is a different doctor for the father. And this same family might see more than one dentist. In cases like this, one way to have a single health record for the entire family is to keep it yourself.

Families without a health record face a problem when they move. They have no health records for a new doctor, dentist, or for the children when they enter their new school.

In addition to the value of keeping a family health record for filling out applications for school, jobs, and insurance, such a record has other important advantages.

Your health record or this *Family Health and Medical Record* may spare you the expense of copying past medical tests and procedures. It will help a new doctor develop health histories for your family members. And it will give information that may help you get faster and more accurate health and medical care.

If you have children, a health record can improve your effectiveness as a parent. A health record will provide you more information about your child so when a need arises you will be better able to get help. In an emergency it can tell the doctor about your children's allergies to medicine, or how recently they had a tetanus shot. And in later life, your children will have an accurate record of injuries, illnesses, and other events that they otherwise might have forgotten.

How you use the *Family Health and Medical Record* will determine its real value. When a family member visits a doctor or dentist, make sure they take this booklet with them. This will help keep the record accurate and up-to-date.

Keep this booklet in a safe and handy place. It will be a useful and valuable record for many years.

Health Care Providers

Providers	Address	Telephone
Doctors:		
Dentists:		
Hospital/clinic:		

Others:		

Health Insurance Policies

Person insured	Company	Policy number

Your Family Health History

Names of family members*	Date of birth	Serious illnesses (Include illnesses such as cancer, arthritis, heart disease, sickle cell disease, diabetes, and high blood pressure, or mental illnesses)	If deceased, list cause and age at death
Mother			
Her mother			
Her father			
Her brothers and sisters			

Father			
His mother			
His father			
His brothers and sisters			

* Place a check (✓) by family members' names who are *NOT* blood relatives.

[illegible]

Children's Growth Record (Include month and year in date column.)

Name	Date	Height	Weight	Date	Height	Weight	Date	Height	Weight

[illegible]

Childhood Diseases

(Include measles, mumps, German measles, whooping cough, polio.) Be sure to record the name of the disease and date.

Name	Date	Disease	Date	Disease	Date	Disease	Date	Disease	Date	Disease

Immunization Record (Enter month, day, and year of completed series, boosters, and single immunizations.)

Immunization	Children				Husband	Wife	Other
	Name	Name	Name	Name			
DTP completed boosters							
Polio completed boosters							
Measles (rubeola)							
German measles (rubella)							
Mumps							
Tuberculin test							
Tetanus/diphtheria toxoid							

Other: (list)							

Major Illness or Surgery (Such as pneumonia, hepatitis, cancer, or heart disease; operations like hysterectomy or gall bladder removal.)

Family member	Date	Name of illness/type of surgery	Doctor

[illegible]

Allergy / Sensitivity Record (List causes like pollen, dust, foods, medicine, and insect stings or bites.)

Family member	Cause of sensitivity/allergic reaction	Instructions/ medication

Medical and Dental Checkups

[illegible]

[illegible]

[illegible]

[illegible]

[illegible]

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